

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION		ID NO.	DATE
FEE DETERMINATION	<i>Iskel</i>		<i>04506-4</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>5/9</i>
FORMALITY REVIEW	<i>S.H.</i>	<i>1085</i>	<i>5/13/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TEST AVAILABLE COPY